## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	natior	1									~~~~						
Name and Mailing Addres					····					****				1			
Heart of Iowa Communications Cooperative 502 Main Street, P.O. 130 Union, IA 50258-0130														Check here if this is a change of address.			
Year Report Filed			3. Reporting	Period (End	ling Date of Pa	ay		4. Number	of Full-Time E	mplovees du	ring Selected	***************************************					
2018			Period Co	by Recovered by Recovered by Recovered by Re	port)			<ul> <li>4. Number of Full-Time Employees during Selected Reporting Period (check one):</li> <li>a. Fewer than 16 (complete Sections I, IV, and V only)</li> <li>b. 16 or more (complete all sections)</li> </ul>									
SECTION II - Full-Time Emp	loyee	s.	· · · · · · · · · · · · · · · · · · ·							1					. JURIUW HUMANICA		
			Number of Employees (Report employees in only one category)														
Job									Race/Ethnicity	y							
Categories			anic or Itino	***************************************	Not-Hispanic or Latino											Total	
				Male						Female						Columns A - N	
		Male	Female	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	I	
		А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			1												1	
First/Mid-Level Officials and Managers	1.2			1						3						4	
Professionals	2									1						1	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5									6						6	
Craft Workers	6			11												11	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	13	0	0	0	0	0	10	0	0	0	0	0	23	
PREVIOUS YEAR TOTAL	11	0	0	13	0	0	0	0	0	11	0	0	0	0	0	24	

SECTION III - Part-Time Empl	oyees.		***************************************								Constant of the Constant of th						
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	Hispanic or Latino			Not-Hispanic or Latino													
					М	ale			Female						Total Columns A - N		
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N		
	A	В	С	D	E	F	G	н	ı	J	к	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1											**************************************			0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5								7						7		
Craft Workers	6								***						0		
Operatives	7												-		0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	7	0	0	0	0	0	7		
PREVIOUS YEAR TOTAL	11 0	0	0	0	0	0	0	0	6	0	0	0	0	0	6		
SECTION IV - Report of Discr	imination Co	mplaints Pursu	ant to 47 CFI	R 22.321, 23.5	55, 90.168, 10 <sup>-</sup>	1.4, and 101	.311.							1			
This is to advise the company before a	ny body havin	g competent juri:	sdiction in su	ch matters dur	ing the calend	ar year cove	red by this rep	ort.									
This is to advise the (Attach a list indicate)	ie Commission ating parties in	n that the following that the file of the	ng complaints d, courts or a	s alleging viola gencies before	tions of the presented which the ma	ovisions of a atter has bee	ny equal empl n heard? file nu	oyment opportumber or other	tunity statute r designation	have been file , and current s	ed against this status or dispo	s company. esition.					
SECTION V - Certification	nowledge, info	rmation, and bel	ief, all statem	ents in this re	port are true a	nd correct	<del>// /</del>	4/							***************************************		
		ped or Printed Name of Person Signing Signature Telephone No.										-					
05/03/2018		mundson	Spiled							(641) 486-2211							
Title of Person Signing General Manager	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).																